

CERTIFICATE OF MAILING BY "EXPRESS MAIL" (37 CFR 1.10)

Applicant(s):

Docket No.

RLL-1.1US

Serial No.

09/347,315

Filing Date

JULY 2, 1999

Examiner

T. WARE

Group Art Unit

1615

Invention: **ORALLY ADMINISTERED CONTROLLED DRUG DELIVERY SYSTEM PROVIDING TEMPORAL AND SPATIAL CONTROL**



I hereby certify that this Continued Prosecution Application; Pet. For Extension Of Time; Return Postcard
(Identify type of correspondence)

is being deposited with the United States Postal Service "Express Mail Post Office to Addressee" service under 37 CFR 1.10 in an envelope addressed to: The Commissioner of Patents and Trademarks, Washington, D.C.

20231-0001 on AUGUST 9, 2001

(Date)

SUSAN VINCENT

(Typed or Printed Name of Person Mailing Correspondence)

(Signature of Person Mailing Correspondence)

EL441971394US

("Express Mail" Mailing Label Number)

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Washington, D.C. 20231

| REQUEST FOR PATENT FEE REFUND | | | | | | | | | | | | | | | | | | | | | | | |
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| 1 Date of Request: <u>9-13-02</u> | | 2 Serial/Patent # <u>09/347,315</u> | | | | | | | | | | | | | | | | | | | | | |
| 3 Please refund the following fee(s): <table style="width:100%; border-collapse: collapse;"> <tr><td style="width: 10%; text-align: center;"><input checked="" type="checkbox"/></td><td style="width: 90%;">Filing <u>CPA</u></td></tr> <tr><td style="text-align: center;"><input checked="" type="checkbox"/></td><td>Amendment</td></tr> <tr><td style="text-align: center;"><input checked="" type="checkbox"/></td><td>Extension of Time</td></tr> <tr><td style="text-align: center;"><input type="checkbox"/></td><td>Notice of Appeal/Appeal</td></tr> <tr><td style="text-align: center;"><input type="checkbox"/></td><td>Petition</td></tr> <tr><td style="text-align: center;"><input type="checkbox"/></td><td>Issue</td></tr> <tr><td style="text-align: center;"><input type="checkbox"/></td><td>Cert of Correction/Terminal Disc.</td></tr> <tr><td style="text-align: center;"><input type="checkbox"/></td><td>Maintenance</td></tr> <tr><td style="text-align: center;"><input type="checkbox"/></td><td>Assignment</td></tr> <tr><td style="text-align: center;"><input type="checkbox"/></td><td>Other</td></tr> </table> | <input checked="" type="checkbox"/> | Filing <u>CPA</u> | <input checked="" type="checkbox"/> | Amendment | <input checked="" type="checkbox"/> | Extension of Time | <input type="checkbox"/> | Notice of Appeal/Appeal | <input type="checkbox"/> | Petition | <input type="checkbox"/> | Issue | <input type="checkbox"/> | Cert of Correction/Terminal Disc. | <input type="checkbox"/> | Maintenance | <input type="checkbox"/> | Assignment | <input type="checkbox"/> | Other | 4 PAPER NUMBER | 5 DATE FILED | 6 AMOUNT \$ <u>710.</u> \$ <u>1390.</u> \$ \$ \$ \$ \$ \$ \$ |
| <input checked="" type="checkbox"/> | Filing <u>CPA</u> | | | | | | | | | | | | | | | | | | | | | | |
| <input checked="" type="checkbox"/> | Amendment | | | | | | | | | | | | | | | | | | | | | | |
| <input checked="" type="checkbox"/> | Extension of Time | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> | Notice of Appeal/Appeal | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> | Petition | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> | Issue | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> | Cert of Correction/Terminal Disc. | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> | Maintenance | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> | Assignment | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> | Other | | | | | | | | | | | | | | | | | | | | | | |
| | | 7 TOTAL AMOUNT OF REFUND | | \$ <u>2100.</u> | | | | | | | | | | | | | | | | | | | |
| 10 REASON: <input type="checkbox"/> Overpayment <input type="checkbox"/> Duplicate Payment <input type="checkbox"/> No Fee Due (Explanation): | | 8 TO BE REFUNDED BY: <input type="checkbox"/> Treasury Check <input type="checkbox"/> Credit Deposit A/C #: 9 50--0912 | | | | | | | | | | | | | | | | | | | | | |
| <div style="font-size: 1.2em; font-family: cursive;">CPA & Extension filed after Statutory response period.</div> | | | | | | | | | | | | | | | | | | | | | | | |
| 11 REFUND REQUESTED BY: <u>[Signature]</u> | | | | | | | | | | | | | | | | | | | | | | | |
| TYPED/PRINTED NAME: <u>Patrice Boyd</u> | | TITLE: <u>Ref</u> | | | | | | | | | | | | | | | | | | | | | |
| SIGNATURE: <u>[Signature]</u> | | PHONE: <u>308-6911</u> | | | | | | | | | | | | | | | | | | | | | |
| OFFICE: <u>Office of Petitions</u> | | | | | | | | | | | | | | | | | | | | | | | |
| ***** THIS SPACE RESERVED FOR FINANCE USE ONLY: ***** | | | | | | | | | | | | | | | | | | | | | | | |
| APPROVED: <u>[Signature]</u> | | DATE: <u>9/17/02</u> | | | | | | | | | | | | | | | | | | | | | |

Instructions for completion of this form appear on the back. After completion, attach white and yellow copies to the official file and mail or hand-carry to: